



**City of San Diego**  
**Purchasing & Contracting Department**  
**Contractor/Vendor Registration Form**

All prospective bidders, as well as existing contractors and vendors, are required to complete this form.

Vendor ID:

[ID Number will be provided by City]

**Firm Info:**

Firm Name:

Doing Business As:

Firm Address:

City:

State:

Zip:

Phone:

Fax:

Taxpayer ID:

Business License:

Website:

**Contact Info:**

Contact Name:

Title:

Email:

Phone:

Cell:

☐ **Alternate Address** (if different from above) **to Receive Remittance:**

Mailing Address:

City:

State:

Zip:

☐ **Alternate Address** (if different from above) **to Receive Bid/Contract Opportunities:**

Mailing Address:

City:

State:

Zip:

**Contractor Licenses** (if applicable)

License Number:

License Type:

License Number:

License Type:

License Number:

License Type:

## Contractor/Vendor Registration Form – Page 2

**Firm Name:**

**Product/Services Description:**

**Product/Services Information:**

NAICS Codes:

\*

\*find list of available NAICS Codes at <http://www.census.gov/epcd/www/naics.html> and select 2007 NAICS codes 6 digit only OR request hard copy from Purchasing & Contracting

**The City requires this information for statistical purposes only.**

**Primary Owner of the Firm**  
(51% ownership or more)

☐ Male  
☐ Female    or

☐ Sole Proprietorship  
☐ Partnership  
☐ Corporation  
☐ Limited Liability Partnership  
☐ Limited Liability Corporation  
☐ Joint Venture  
☐ Non-Profit  
☐ Governmental/Municipality/Regulatory Agency  
☐ Utility

**Ethnicity:**

Ethnicity:

\*

\* select one from the following **List of Ethnicities:**

AFRICAN AMERICAN

ASIAN AMERICAN

CAUCASIAN AMERICAN

HISPANIC AMERICAN
NATIVE AMERICAN
PACIFIC ISLANDER AMERICAN

## Ownership Classification

Classification:

\*

\* select from the following **List of Ownership Classification Codes:** (select all that apply)

<input type="checkbox"/>	WBE	(Woman Owned Business Enterprise)
<input type="checkbox"/>	OBE	(Other Business Enterprise)
<input type="checkbox"/>	DBE	(Disadvantaged Business Enterprise)
<input type="checkbox"/>	DVBE	(Disabled Veteran Business Enterprise)
<input type="checkbox"/>	SLBE	(Small Local Business Enterprise)
<input type="checkbox"/>	8(a)	(Small Business Administration 8(a) Enterprise)
<input type="checkbox"/>	SDB	(Small Disadvantaged Business Enterprise)
<input type="checkbox"/>	LBE	(Local Business Enterprise)
<input type="checkbox"/>	MLBE	(Micro Local Business Enterprise)
<input type="checkbox"/>	SBE	(Small Business Enterprise)
<input type="checkbox"/>	MBE	(Minority Business Enterprise)
<input type="checkbox"/>	DPBT	(Persons With A Disability Or Disabilities Business Enterprise)
<input type="checkbox"/>	LGBT	(Lesbian, Gay, Bisexual, Transsexual Business Enterprise)

**Certified by an Agency?**    ☐ No    ☐ Yes (enter Certification Number and Certifying Agency below)

Certification #:

Agency:

Certification #:

Agency:

**Information regarding a vendor's racial or gender ownership status will not be used as a factor in the City's selection process for any contract.**

Mail this form with the rest of your contract initiation materials.